SB 920 - Antibiotics in Animals Senate Committee on Health Care

Madame Chair, Members of the Committee:

My name is Andy Harris. I am a physician and assistant professor at OHSU, where I direct the Global Health Center, and am on the Advisory Board of Oregon Physicians for Social Responsibility.

The majority of antibiotics dispensed in this country are used in animal agriculture, not to treat infections in people. In fact, 70-80% of antibiotics are used non-therapeutically in livestock to promote growth and prevent disease due to crowded, often unsanitary living conditions.

Strong science documents the link between subtherapeutic use of antibiotics in animals and antibiotic resistant infections in humans. Routine dispensing of antibiotics to livestock, especially when used over long durations, selects for drug-resistant strains of bacteria, sometimes known as "superbugs," which kill 23,000 Americans a year.¹

Longer, more expensive hospital stays for treating antibiotic-resistant bacteria cost the U.S. health care sector an estimated \$21 to \$34 billion annually and an additional eight million hospital days.[#]

For decades physicians have been trained to prescribe antibiotics for specific infections in humans – not to over-prescribe and not to treat viral conditions like the "common cold." An example is traveler's diarrhea. Between 20%-50% of international travelers get traveler's diarrhea, but prophylactic antibiotics are not recommended. It is more effective to wait for symptoms to occur and then to treat specifically with ciprofloxacin or doxycycline.

Barry Estabrook wrote in Friday's NY Times that Danish farmers have raised pigs without relying on regular doses of antibiotics since 2000. This practice has not adversely impacted the income of Danish hog farmers or their competition on the world market. In fact Danish farmers support this policy because it reduces antibiotic resistance in their herds.

In addition to being a physician, I'm a grandfather of six grandchildren. I can't imagine watching helplessly if one of them should develop a life threating illness caused by antibiotic-resistant bacteria.

We have ignored this critical issue for far too long. The U.S. Congress is in a state of paralysis, and it is time for the Oregon Legislature to take decisive action

before these life-saving antibiotics are no longer effective. The policies outlined here are backed by WHO, CDC, American Public Health Assn, Institute of Medicine of National Academy of Science, American Nurses Assn, and countless other professional organizations.

I would urge you to support SB 920 to save human lives. Thank you.

Andy Harris, MD andyharrismd@comcast.net 3969 Overlook Blvd., Unit A Portland, OR 97227 4/6/15

ⁱ Centers for Disease Control and Prevention (CDC) 2013. Antibiotic Resistance Threats in the United States, 2013. Available at http://www.cdc.gov/drugresistance/threat-report-2013/.

ⁱⁱInfectious Diseases Society of America (IDSA) 2014. Antimicrobial Resistance. Available at http://www.idsociety.org/topic_ antimicrobial_resistance/.